

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13206</u>	2. Fiscal Year Covered From: <u>6</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Willis E Norton</u> P.O. Box, Bldg., Room No., if any <u>P.O. Box 220</u> Street <u>934 Rocky Point RD</u> City <u>Poc</u> State <u>ID</u> ZIP Code + 4 <u>83204</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local 732</u> Labor Organization File Number <u>046-822</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 220</u> Street <u>456 N. Arthur</u> City <u>Pocatello</u> State <u>IDAHO</u> ZIP Code + 4 <u>83204</u>
5. Position in labor organization. <u>BUSINESS MANAGER / FINANCIAL SEC/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Willis E Norton

On

8/25/05
Date

208-232-4823
Telephone Number

Name of Person Filing <u>Willis E Norton</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Washington Capital</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1301 Fifth Ave Suite 1500</u></p> <p>City <u>Seattle</u></p> <p>State <u>Washington</u> ZIP Code + 4 <u>98101-2630</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Intermountain Ironworkers Health & Welfare Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>PO Box 30124</u></p> <p>Street <u>2156 W 2200 S</u></p> <p>City <u>SALT LAKE CITY</u></p> <p>State <u>UTAH</u> ZIP Code + 4 <u>84130-0244</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>Bought me Dinner</u></div> <p>11.b. Approximate dollar value of such dealing. <u>15.90</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><u>Bought me Dinner & Paid for it</u> <u>15.90</u></div> <p>12.b. Amount. <u>15.90</u></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div> <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing <u>Willis E Norton</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Intermountain Teamworkers Health & Welfare Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. Box 30124
Street 2156 W 2200 S
City SALT LAKE CITY
State UTAH ZIP Code + 4 84130-0124

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Willis Norton
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 932 ROCKY POINT RD
City POC
State UT ZIP Code + 4 83304

11.a. Nature of such dealing.

Reimburse me for personal expenses for attending 5 Trust meetings & one Educational meeting

11.b. Approximate dollar value of such dealing.

1,252.35

12.a. Nature of interest held or income received.

12.b. Amount.

1,252.35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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1. File Number U - <u>13206</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Willis E Norton</u> P.O. Box, Bldg., Room No., if any Street <u>932 ROCKY POINT RD</u> City <u>Poc</u> State <u>Id</u> ZIP Code + 4 <u>83204</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS local 232</u> Labor Organization File Number <u>046-822</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 220</u> Street <u>456 N. Arthur</u> City <u>Poc</u> State <u>Id</u> ZIP Code + 4 <u>83204</u>
5. Position in labor organization. <u>BUSINESS MANAGER / FINANCIAL SEC. / TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/25/05
Date

208-232-4872
Telephone Number

Name of Person Filing

Willis E Norton

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WASHINGTON CAPITALTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 FAIR AVE SUITE 1500City SEATTLEState WASHINGTON ZIP Code + 4 98101-2630

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Intermountain TeamworkersTrade Name, if any: TAX DEFERRAL PLANP.O. Box, Bldg., Room No., if any P.O. BOX 30124Street 2156 W 22ND SCity SALT LAKE CITYState UTAH ZIP Code + 4 84130-0124

11.a. Nature of such dealing.

Bought my DINNER

11.b. Approximate dollar value of such dealing.

\$ 15.90

12.a. Nature of interest held or income received.

\$ 15.90

12.b. Amount.

\$ 15.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing <u>Willis E Norton</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

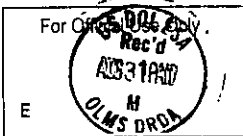
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Intermountain Teamworkers Tax Deferral Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 30124</u></p> <p>Street <u>2156 W 2200 S</u></p> <p>City <u>SALT LAKE CITY</u></p> <p>State <u>UTAH</u> ZIP Code + 4 <u>84130-0124</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Willis Norton</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>932 Rocky Point RD</u></p> <p>City <u>POC</u></p> <p>State <u>ID</u> ZIP Code + 4 <u>83204</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Reimbursed me for personal Expense for attending 5 Trust meetings & 1 Education meeting</u></p> <p>11.b. Approximate dollar value of such dealing. <u>1252.32</u></p> <p>12.a. Nature of interest held or income received.</p> <p>_____</p> <p>12.b. Amount. <u>1252.32</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

FORM LM-30

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1. File Number U - <u>13206</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Willis E Norton</u> P.O. Box, Bldg., Room No., if any Street <u>930 Rocky Point RD</u> City <u>Poc</u> State <u>Id</u> ZIP Code + 4 <u>83204</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers local 732</u> Labor Organization File Number <u>046-800</u> P.O. Box, Building and Room Number, if any <u>P.O. Box 200</u> Street <u>456 N. Arthur</u> City <u>Poc</u> State <u>Id</u> ZIP Code + 4 <u>83204</u>
5. Position in labor organization. <u>BUSINESS MANAGER / FINANCIAL Sec / TREASURE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Willis E Norton

On

8/25/05
Date

(208) 232-4873
Telephone Number

Name of Person Filing <u>Willis E. Norton</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Washington Capital
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1301 Fifth Ave Suite 1500
City Seattle
State Wash ZIP Code + 4 98101-2632

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Intermountain Ironworkers Pension Trust Fund
Trade Name, if any:
P.O. Box, Bldg., Room No., if any P.O. Box 3924
Street 2156 W 2000 S
City SALT LAKE CITY
State UTAH ZIP Code + 4 84130-0624

11.a. Nature of such dealing.

Bought my Dinner

11.b. Approximate dollar value of such dealing.

\$ 15.90

12.a. Nature of interest held or income received.

\$ 15.90

12.b. Amount.

\$ 15.90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Willis E Norton

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Intermountain Ironworkers Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 30124

Street

1156 W 200 S

City

SALT LAKE CITY

State

UTAH

ZIP Code + 4

84130-0124

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Willis Norton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

932 Rocky Point RD

City

Doralto

State

IDAHO

ZIP Code + 4

83204

11.a. Nature of such dealing.

Reimbursed me for personal Expense for attending 5 Trust meetings and 1 Educational Conference

11.b. Approximate dollar value of such dealing.

\$1,252.35

12.a. Nature of interest held or income received.

\$1,252.35

12.b. Amount.

1252.35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.